

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC

14 OCT 15 Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

Braley for Iowa

ADDRESS (number and street) ▼

PO Box 856



Check if different than previously reported. (ACC)

Des Moines

IA

50304

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00541417

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IA

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the State of

Y Y Y Y / Y Y Y Y

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the State of

Y Y Y Y / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
07 01 2014

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

through

M M / D D / Y Y Y Y
09 30 2014

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Theresa L Kehoe

Signature of Treasurer Theresa L Kehoe

Date

M M / D D / Y Y Y Y
10 12 2014

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)